



REPUBLIC OF THE PHILIPPINES  
**Philippine Health Insurance Corporation**  
 709 CityState Center  
 Shaw Blvd. Brgy. Oranigas Pasig City  
 TeleFax: 637-3158

PRID-PS-08

Supplier	<b>ALBERTO'S IV MARKETING COMPANY</b>
Address	#25 West Capitol Drive, Kapitolyo, Pasig City
Tel./Fax No.	Telefax No. 631-6391
Supplier Registered with:	<b>PHILHEALTH</b>

Work Order No. 12-11-060  
Date: November 22, 2012  
Term of Payment: C.O.D.  
Mode of Procurement: Local Shopping  
**Office Order No. 0017, s. 2012**  
upon approval of the following

Please deliver to this office within                      **C.O.D.**

**Terms & Conditions:**

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1. The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
  2. If the date of receipt of the Job Order (J.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail
  3. Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg, Pasig City
  4. Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
  5. Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
  6. For order basis transactions, the release of checks is upon acceptance of the item(s).

Very truly yours,

LOLITA V. TULIAO, CESO V  
Senior Manager, PRID

Certified Budget Available: <u>Corazon M. Tabulao</u>	Funds Available in the amount of: <u>Php21,000.00</u>	APPROVED:
<u>CORAZON M. TABULAO</u> Fiscal Controller III	<u>LILIA R. GARRIDO</u> Fiscal Controller III	<u>OCTAVIO C. ESGUERRA</u> Senior Vice President, MSS HEAD OF THE AGENCY or Authorized Representative
Within the COB: <u>Ex 2012</u> Expense Code: <u>847-00 Rm Vehicle</u> Budget: <u>921,000</u> Remarks: <u>PER DIEM 1446, 5-2012</u>		
CONFORME: <u>ALBERTO SYMERO / OWNER</u> Signature over Printed Name and Position of authorized representative	Received copy of J.O.: <u>12-10-12</u> Date	